



MSD

Louisville and Jefferson County Metropolitan Sewer District

SENIOR CITIZEN DISCOUNT APPLICATION

(Applicant must be 65 years of age or older with household income of \$25,000 or less per year and must be on MSD sewers)

Date: ____/____/____

LWC Bill Account Number: _____ (Attach copy of LWC bill)

Name of Applicant: _____ Single ☐ Married ☐ Widowed ☐
(Please print)

Service Address: _____
(Street) (City) (State) (Zip)

Resident telephone number: (____) _____ - _____ Date of Birth: ____/____/____

Please submit a document for each of the categories below and check the appropriate box:

Proof of Income

- ☐ IRS Tax Return & Schedules*
- ☐ Social Security Form SSA
- ☐ Other _____

Proof of Residency

- ☐ Deed/Title
- ☐ Lease/Rental Agreement
- ☐ Property Tax Bill/PVA
- ☐ Other _____

Proof of Age

- ☐ Drivers License
- ☐ Birth Certificate
- ☐ Other _____

***Tax Return and Schedules filed within the last 12 months. Household income must be \$25,000 or less.**

I hereby apply for a 30% Senior Citizen Discount of the amount billed for sanitary sewer service and the EPA Consent Decree Surcharge for the service address listed above. I certify that I am the legal title/leaseholder/renter of the above property, that I am 65 years of age or older, that my household income is \$25,000 or less per year and that I have provided all relevant documents relating to my income, age and residency. I also understand that at MSD's discretion, I may be required to renew this application each year.

Executed this _____ day of _____, 20____

Signature of Applicant: _____

Please mail application and supporting documents to the following address:

MSD
Attn: Senior Citizen Discount Program
P.O. Box 549
Louisville, KY 40201-0549